Montana CHIP
Children's Health Insurance Plan

PO Box 202951, Helena, MT 59620-2951 • E-mail: chip@mt.gov • Website: www.chip.mt.gov
1-877-543-7669 (Free call) • FAX: 1-877-418-4533 (Free call)

REQUEST FOR EXTENDED DENTAL BENEFITS

NAME & ADDRESS OF PROVIDER OF SERVICES	NPI NO.	MAIL/FAX TO: CHIP PO BOX 202951 HELENA MT 59620 FAX 1-877-418-4533 (Toll-Free)

PATIENT LAST NAME	FIRST NAME	MI	SEX M ☐ F ☐	DATE OF BIRTH	PATIENT ID NUMBER

THESE SERVICES ARE NOT COVERED BY CHIP: D5900 – D5999 Maxillofacial Prosthetics D6000 – D6199 Implant Services D7610 – D7780 Treatment of Fractures D7920 – D7999 Other Repair Procedures D8000 – D8999 Orthodontic Services	Note: A fractured jaw or other accidental injury to sound natural teeth and gums may be covered under the medical provisions of CHIP. Dental claims related to an accident must be sent to: CHIP P.O. Box 5004 Great Falls, MT 59403

Authorization approves the child as eligible for EDP benefits. The patient must be covered by CHIP on the date of service. CHIP reimburses provider 85% of billed charges up to a maximum of $1,000 ($1,176 in billed charges). **Services must be provided within 90 days of approval date.**

SIGNATURE OF PROVIDER REQUESTING EXTENDED DENTAL BENEFITS Call CHIP if services are not provided within 90 days of approval date.	PROVIDER FAX NUMBER	DATE

Complete Treatment Plan below or check here ☐ to indicate Treatment Plan is attached.

	CDT CODE	DESCRIPTION OF SERVICE	EXPECTED DATE OF SERVICE	NO. OF SERVICES	CHARGES	DENIED *
1						☐
2						☐
3						☐
4						☐
5						☐
6						☐
7						☐
8						☐
			TOTAL ESTIMATED CHARGES:			

TO BE COMPLETED BY CHIP STAFF

* CHIP will indicate denied services.

APPROVED AMOUNT:

Comments

CHIP SIGNATURE	DATE

FAX COMPLETED FORM TO 877-418-4533